EMPLOYEE	WARNING N	OTICE			
Employee Name:			Date of Warning:		
Department:			I.D. No.:		
Type of Violatio	n				
Rudeness to o Violation of C Poor Work Qu Other	low Instructions ther Employees Company Policies uality				
Previous Warnin	ngs				
1 st Warning 2 nd Warning 3 rd Warning Employer Stater Date of Incident:		Time:	A.M./P.M.	BY WHOM	
I disagree with	ne employer's state h the employer's d	ement. escription of the vi	iolation for these re	easons:	
Action to be take	en:				
☐ Warning ☐	Probation Sus	pension Dismis	ssal Other		

Consequence should incident occur again:		
I have read this employee warning notice and I un	derstand it.	
Signature of Employee	Date	
Signature of Supervisor who Issued Warning	Date	